

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 56086CON(71699)	
Application Number      10/740,698-Conf. #3885		Filed      12/19/2003	
For    IMPLANTABLE DEVICE FOR INTRAOCULAR DRUG DELIVERY			
Art Unit      3767		Examiner      Bhisma Mehta	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$    130.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245    \$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555    \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865    \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175    \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number    04-1105    .			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number    44,368			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34    _____			
_____/Lisa Swiszc Hazzard/ Signature		_____ Date	
_____ Typed or printed name		_____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of    1    forms are submitted.			